

Correspondance

comes of concern only when data can be linked to individuals ... in the published reports.”²

The College of Physicians and Surgeons of Ontario regularly performs chart audits in physicians' offices in an effort to ensure quality of care and patient safety. Hospitals are not only permitted but are obliged to perform chart audits to ensure quality of care and continuous quality improvement. Physicians are encouraged by their professional associations to carry out chart reviews on their practices. In none of these scenarios is patient consent requested.

Our study was designed to determine whether an outreach facilitation would improve the provision of evidence-based preventive care in family practice. We ensured that no data could be linked back to the 4600 patients in 46 practices whose charts were audited. Chart audit with feedback to the physician is a very effective way to change physician practice patterns. Requiring patient consent for anonymous chart audits would be expensive and complex. It would have a negative impact on the science from a societal perspective, and it is not clear what gain

would be afforded in terms of patients' rights.

Rules on research ethics are designed to protect patients from harm. If these rules are to be changed, we should ensure that the changes would benefit patients and do no harm.

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References

1. Lemelin J, Hogg W, Baskerville N. Evidence to action: a tailored multifaceted approach to changing family physician practice patterns and

improving preventive care. *CMAJ* 2001;164(6):757-63.

2. Medical Research Council, Natural Sciences and Engineering Research Council, and Social Sciences and Humanities Research Council. Tri-council policy statement: ethical conduct for research involving humans. Available: www.nserc.ca/programs/ethics/english/policy.htm (accessed 2001 July 19).

Corrections

Gloria Kay's maiden name was incorrectly given as Barton in a recent article.¹ Her maiden name is Barwell.

Reference

1. Capping off an era. *CMAJ* 2001;164(8):1190-1.

A recent article stated incorrectly that *Aspergillus* contamination had been documented at 24 Canadian hospitals.¹ In fact, it has been documented at 24 North American hospitals. Health Canada says only 2 Canadian hospitals have had a problem with nosocomial infection related to *Aspergillus* contamination.

Reference

1. Pinker S. ORs closed after *Aspergillus* discovered at Royal Vic. *CMAJ* 2001;164(9):1333.

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